Independent Citizens Redistricting Commission

Application Review and Quality Control Sheet

Applicant Name: MAGDALENA RL	ANCO		
Date Received: 02/22/2013 A	pplicant Number:		
Recommended Applicant Pool Status:	Final Applicant Pool Status:		
☐ Included ☐ Removed	☐ Included ☐ Removed		
REQUIREMENTS:			
1. Was the application received before the subm	ssion deadline?		
If NO, list time/date application was received:			
2. Is the application complete?	□Yes ☑No		
If NO, list the item(s) that need to be completed: The application is not signed or dated.			
3. Indicate how the applicant responded to the fo			
A. Student enrolled in a college/university in	the City of Austin?		
If YES, consider I and ii only; If NO, consider	I, ii, iii, and iv:		
i. Reside in the City of Austin?	₩Yes □No		
ii. Registered to vote in the City of A	rstin?		
iii. Continuously registered to vote in	the City of Austin?		
iv. Voted in 3 of the last 5 City of Aus	in general elections? Yes No		
Follow-up needed related to REQUIREMENTS? If YES, identify issue(s) addressed and dispo			

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CONFLICTS OF INTEREST:

4.	Did the applicant respond "Yes" to any conflict of interest If YES, indicate which question(s):	t questions?
*	Follow-up needed related to CONFLICTS OF INTEREST? If YES, identify issue(s) addressed and disposition:	□Yes ☑No
<u>co</u>	DNSISTENCY:	
5.	Are applicant answers consistent? If NO, indicate which answer(s):	□Yes □No
*	Follow-up needed related to CONSISTENCY? If YES, identify issue(s) addressed and disposition:	□Yes ŪNo
Ap	plication Reviewed By: 16PE ELETU- 5DIB o	
Qu	rality Control Review By:	QC Review Date: 03/01/2013
	llow-up Contact(s) Reviewed By:	